amended

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

		() () () () () () () () () ()
NAME (Last, Fir	st, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)
Ginoza, Lisa M	liyoko	Department of the Attorney General, First Deputy
		TERM OF OFFICE (Begin/End): 01/18/05 /
FOR FACHITE	M EYCEDT ITEM A DIGGLOOF INTERN	

CH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	McCorriston Miller Mukai MacKinnon LLP Five Waterfront Plaza 500 Ala Moana Blvd., 4th Floor Honolulu, HI 96813	F	Attorney
[]Check here	off entry is None	[]Chec	ck here if additional sheets are attached

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP,	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF BUSINESS NATURE OF INTEREST	
DC,JT			TOTAL OF INTEREST	VALUE OR NO. OF SHARES
I (IChaol	k hore if out to Name			
√]Checi	k here if entry is None	[]	Check here if additional she	ets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

*	ITEM A: CREDITORS			
[√]Check h	ere if entry is None	[]Check here if additional s	heets are attached	
-				
			TRANSFER	
F,SP, C DC,JT P	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURIN	G THIS DISCLOSURE	DATE OF	
	transieried during the dis	cosure period and the date of tra	nsfer.	

ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and

amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

[]Chec	k here if entry is None	[]Check here if addition	nal sheets are attached
-	American Honda Finance Corp. P.O. Box 5025 San Ramon, CA 94583-0925	С	С
F	Volvo P.O. Box 851077 Richardson, TX 75085-1077	С	A
JT	Bank of America P.O. Box 9000 Getzville, NY 14068-9000	н	Н
F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	UH Rainbow Wahine Hui 1337 Lower Campus Road Honolulu, HI 96822	Director	Approx Mid-1990's to present	None

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more.

Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)

VALUE

F,SP, DC,JT

STREET ADDRESS

[\]Che	ck here if entry is None	[]Check here if	additional sheets are attached
T	ITEM 7: INTERESTS IN REAL PROPERTY AC ests in real property in or outside of the State acquired detail property that is your personal residence or the personal residence or the personal residence or the personal residence.	uring the disclosure period, if the intenal residence of your spouse or depe	IAL RESIDENCE(S) rest has a value of \$10,000 or ndent children need not be listed.
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (TAX MAP KEY NUMBER EXISTS)	IF AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
, hou			
	k here if entry is None EM 8: INTERESTS IN REAL PROPERTY TRANS	[]Check here if a	idditional sheets are attached
ist interes or more. F isted.	EM 8: INTERESTS IN REAL PROPERTY TRANS ts in real property in or outside of the State transferred of teal property that was your personal residence or the pe	SFERRED, EXCLUDING PERSO during the disclosure period, if the intersonal residence of your spouse or d	ONAL RESIDENCE(S) erest has a value of \$10,000 lependent children need not be
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
	here if entry is None	[]Check here if a	iditional sheets are attached
DRM D-201			Page 4 of 5

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY		
[√]Check here if entry is None	[]Check here if additional sheets are attac		

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			STATE ETHICS COMMISSION	1
	e if entry is None	[]Check	here if additional sheets	are attache

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.